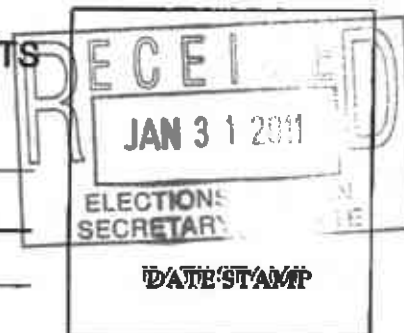




2010 ELECTION CYCLE

Dalbert Hosemann
SECRETARY OF STATEREPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial ElectionName of Candidate Amy Tuck CampaignAddress 104 Tuxford Road Starkville, MS 39759Telephone 662-320-8504

Fax _____

Contact Name _____

Email _____

Office Sought _____

Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
Political Committees Termination Report (Candidate will no longer accept contributions or make campaign
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
obligationsIMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0	+\$ 128.62	\$ 128.62	\$ 128.62
Total amount of disbursements	\$ 1000	+\$ 0	\$ 1000.00	\$ 1000.00
Total amount of cash on hand			\$ 157,714.78	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Amy TuckDate Jan. 31, 2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39206 or fax to 601-359-1499 or 601-978-2719.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Amy Tuck CampaignReporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
G.R. Travis Reception Center		
Mailing Address		
P.O. Box 1188	01 / 18 / 10	\$ 1000.00
City, State, Zip Code		
Raymond, MS 39154	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	__ / __ / __	\$
City, State, Zip Code		
	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	__ / __ / __	\$
City, State, Zip Code		
	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	__ / __ / __	\$
City, State, Zip Code		
	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	__ / __ / __	\$
City, State, Zip Code		
	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	__ / __ / __	\$
City, State, Zip Code		
	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$